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| Indicator<br>Reference<br>Number | Domain  | Theme               | Measure                 | Rationale   | Name of Indicator/Description   | Numerator   | Denominator   | Period<br>Type    | Frequency | Data Source<br>Numerator | Data Source<br>Denominator | Target  | Interpretation<br>Guidance | Notes  | Q1                 | Report<br>Q2       | ing Period<br>Q3   | Q4                 |  |  |
| MHG01-ED                         | Domain 1:<br>Preventing<br>people from<br>dying<br>prematurely  | Clinical<br>Outcome | Mortality               | All inpatients and day<br>patients who die while<br>receiving care and<br>treatment from the<br>service   | Proportion of patients who die<br>while receiving care and<br>treatment from the service                      | Of those in the denominator, the<br>number of patients who die<br>while receiving care and<br>treatment from the service    | The total number of patient discharged in reporting period  | Rolling<br>Annual | Annual    | Provider<br>submitted    | Provider<br>submitted      | 0%  | Lower is better            | This applies to all inpatient and day care services  | Jul 20 -<br>Jun 21 | Oct 20 -<br>Sep 21 | Jan 21 -<br>Dec 21 | Apr 21 -<br>Mar 22 |  |  |
| MHG02-ED                         | Domain 4:<br>Ensuring that<br>people have a<br>positive<br>experience of<br>care  | Clinical<br>Outcome | Delayed<br>Discharge    | Clinical teams will identify all cases when a patient is clinically ready for discharge. The clinical team identifies all patients who are clinically ready for discharge. This does not              | Average delay to discharge (in days) after decision to discharge has been reached, by ward and service        | Sum total of delay to discharge<br>(in days) from decision to<br>discharge to actual day of<br>discharge                    | The total number of patient discharged in reporting period  | Quarterly         | Quarterly | Provider<br>submitted    | Provider<br>submitted      | 0%  | Lower is better            |  | Apr 21 -<br>Jun 21 | Jul 21 -<br>Sep 21 | Oct 21 -<br>Dec 21 | Jan 22 -<br>Mar 22 |  |  |
| MHG04-ED                         | Domain 4:<br>Ensuring that<br>people have a<br>positive   | Clinical<br>Outcome | Patient<br>satisfaction | To ensure service user involvement and consultation on services   | Proportion of completed patient satisfaction surveys  | Of those in the denominator, the<br>number of surveys returned  | The total number of patients<br>asked to complete<br>satisfaction surveys in the<br>rerporting period | Rolling<br>Annual | Annual    | Provider<br>submitted    | Provider<br>submitted      |   | Higher is better           |  | Jul 20 -<br>Jun 21 | Oct 20 -<br>Sep 21 | Jan 21 -<br>Dec 21 | Apr 21 -<br>Mar 22 |  |  |
| MHG11-ED                         | Domain 5:<br>Treating and<br>caring for<br>people in a safe<br>environment<br>and protecting<br>them from<br>avoidable harm | Workforce           | Clinical<br>supervision | Ensuring people who provide direct care are able to reflect on their practice and receive the required supervision, support and development to ensure continual clinical effectiveness and efficiency | Proportion of eligible staff who<br>have received clinical<br>supervision as per<br>Trust/organisation policy | Of those in the denominator, the<br>number who have received<br>clinical supervision as per<br>Trust/organisation policy    | The total number of eligible staff in the reporting period  | Quarterly         | Quarterly | Provider<br>submitted    | Provider<br>submitted      | ≥91% =<br>green,<br>>75%<br><91% =<br>amber,<br>≥75 = red | Higher is better           | Eligible Staff: all staff with a responsibility to provide care, included professionally qualified or unqualified staff  Clinical supervision: The provision of either professionally mandated or clinically agreed individual practice supervision on a 1:1 basis or in professionally supervised groups. To an agreed standard set out by the organisation to the CQC and or SCG | Apr 21 -<br>Jun 21 | Jul 21 -<br>Sep 21 | Oct 21 -<br>Dec 21 | Jan 22 -<br>Mar 22 |  |  |
| MHG12a-ED                        | Domain 5:<br>Treating and<br>caring for<br>people in a safe<br>environment<br>and protecting<br>them from<br>avoidable barm | Workforce           | Safeguarding            | Ensuring compliance to<br>statutory safeguarding<br>responsibility. Ensuring<br>security and safety staff,<br>service users and public  | Proportion of staff who have<br>received annual safeguarding<br>vulnerable adults training                    | Of those in denominator,<br>number of staff who received<br>safeguarding vulnerable adults<br>training                      | The total number of staff requiring safeguarding vulnerable adults training in ther reporting period  | Quarterly         | Quarterly | Provider<br>submitted    | Provider<br>submitted      |   | Higher is better           |  | Apr 21 -<br>Jun 21 | Jul 21 -<br>Sep 21 | Oct 21 -<br>Dec 21 | Jan 22 -<br>Mar 22 |  |  |
| MHG12b-ED                        | Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm                      | Workforce           | Safeguarding            | Ensuring compliance to<br>statutory safeguarding<br>responsibility. Ensuring<br>security and safety staff,<br>service users and public  | Proportion of staff who have<br>received annual safeguarding<br>children training                             | Of those in denominator,<br>number of staff who received<br>safeguarding children training                                  | The total number of staff requiring safeguarding children training in the reporting period            | Quarterly         | Quarterly | Provider<br>submitted    | Provider<br>submitted      |   | Higher is better           |  | Apr 21 -<br>Jun 21 | Jul 21 -<br>Sep 21 | Oct 21 -<br>Dec 21 | Jan 22 -<br>Mar 22 |  |  |
| MHG14-ED                         | Domain 4:<br>Ensuring that<br>people have a<br>positive   | Clinical<br>Outcome | Carer<br>satisfaction   | To ensure carer involvement and consultation on services  | Proportion of completed carer satisfaction surveys  | Of those in the denominator, the number of surveys returned   | The total number of carers asked to complete satisfaction surveys                                     | Annual            | Annual    | Provider<br>submitted    | Provider<br>submitted      |   | Higher is better           |  | N/A                | N/A                | N/A                | Apr 21 -<br>Mar 22 |  |  |
| MHG15-ED                         | Domain 3:<br>Helping people<br>to recover from<br>episodes of ill   | Clinical<br>Process | Admission               | To look at patients<br>being detained<br>indicating the severity of<br>their illness  | Proportion of patients<br>detained under the Mental<br>Health Act   | Of those in the denominator, the<br>number of patients detained<br>under the Mental Health Act                              | The total number of patients admitted in the reporting period   | Rolling<br>Annual | Quarterly | Provider<br>submitted    | Provider<br>submitted      |   | Neutral                    |  | Jul 20 -<br>Jun 21 | Oct 20 -<br>Sep 21 | Jan 21 -<br>Dec 21 | Apr 21 -<br>Mar 22 |  |  |
| MHG16-ED                         | Domain 3:<br>Helping people<br>to recover from<br>episodes of ill   | Clinical<br>Outcome | BMI                     | BMI is a key indicator of<br>the clinical benefit<br>patients are receiving<br>from the admission   | Average BMI of patients at admission  | The total sum of BMI for all patients in denominator  | The total number of patients<br>admitted in the reporting<br>period                                   | Quarterly         | Quarterly | Provider<br>submitted    | Provider<br>submitted      |   | Neutral                    |  | Apr 21 -<br>Jun 21 | Jul 21 -<br>Sep 21 | Oct 21 -<br>Dec 21 | Jan 22 -<br>Mar 22 |  |  |
| MHG17-ED                         | Domain 3:<br>Helping people<br>to recover from<br>episodes of ill   | Clinical<br>Outcome | BMI                     | BMI is a key indicator of<br>the clinical benefit<br>patients are receiving<br>from the admission   | Average number of BMI points increase on patients at discharge  | The total sum of BMI points increase for all patents in the denominator   | The total number of patients discharged in the reporting period                                       | Quarterly         | Quarterly | Provider<br>submitted    | Provider<br>submitted      |   | Higher is better           |  | Apr 21 -<br>Jun 21 | Jul 21 -<br>Sep 21 | Oct 21 -<br>Dec 21 | Jan 22 -<br>Mar 22 |  |  |
| MHG18-ED                         | Domain 3:<br>Helping people<br>to recover from<br>episodes of ill   | Clinical<br>Process | EDE-Q                   | Ensuring appropriate patient measures are being utilised  | Proportion of patients who complete EDE-Q at admission and discharge  | Of those in the denominator, the<br>number of patients who<br>completed the EDE-Q on both<br>admission <b>and</b> discharge | The total number of patients discharged in the reporting period                                       | Quarterly         | Quarterly | Provider<br>submitted    | Provider<br>submitted      |   | Higher is better           |  | Apr 21 -<br>Jun 21 | Jul 21 -<br>Sep 21 | Oct 21 -<br>Dec 21 | Jan 22 -<br>Mar 22 |  |  |





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|                                  |           |                     |                      |   |  |  |  |                   |                    |                          |                            |        | Interpretation<br>Guidance |       | Q1                 | Q2                 | Q3                 | Q4                 |
| MHG19-ED                         |           | Clinical<br>Outcome | EDE-Q                | Ensuring appropriate patient measures are being utilised  | Average EDE-Q change score for patients at discharge | The total sum of EDE-Q change score at discharge for all patients in the denominator | The total number of patients discharged with EDE-Q completed in the reporting period | Quarterly         | Quarterly          | Provider<br>submitted    | Provider<br>submitted      |        | Higher is better           |       | Apr 21 -<br>Jun 21 | Jul 21 -<br>Sep 21 | Oct 21 -<br>Dec 21 | Jan 22 -<br>Mar 22 |
| MHG20-ED                         |           | Clinical<br>Outcome | Length of stay       | Ensuring patients are receiving treatment in hospital for the optimum time period   | Average length of stay                               | Sum total of length of stay for those patients in the denominator                    | The total number of patient discharged in the reporting period                       | Rolling<br>Annual | Quarterly          | Provider<br>submitted    | Provider<br>submitted      |        | Neutral                    |       | Jul 20 -<br>Jun 21 | Oct 20 -<br>Sep 21 | Jan 21 -<br>Dec 21 | Apr 21 -<br>Mar 22 |
| MHG21-ED                         | Domain 3: | Clinical<br>Process | Access to<br>service | Ensuring equity of access regardless of gender. Currently men are very underrepresented in both inpatient and outpatient engineers. | Proportion of patients admitted who are male         | Of those in the denominator, the number who are male                                 | The total number of patients admitted in the reporting period                        | Quarterly         | Quarterly          | Provider<br>submitted    | Provider<br>submitted      |        | Higher is better           |       | Apr 21 -<br>Jun 21 | Jul 21 -<br>Sep 21 | Oct 21 -<br>Dec 21 | Jan 22 -<br>Mar 22 |
|                                  | •         | •                   |                      | FAMILIAN SANICAS SO 3   | •  | Data coll  | ection has been approved by the<br>ROCR/OR/2230                                      |                   | entral Returns - F | ROCR                     | •                          | •      | •                          |       |                    |                    |                    |                    |